

**PATENT APPLICATION FEE DETERMINATION RECORD**

Effective October 1, 2000

Application or Docket Number

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	25 minus 20 =	* 5
INDEPENDENT CLAIMS	10 minus 3 =	* 3
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

SMALL ENTITY  
TYPE

OTHER THAN  
SMALL ENTITY  
OR

RATE	FEES
BASIC FEE	355.00
X\$ 9=	
X40=	
+135=	
TOTAL	

RATE	FEES
BASIC FEE	710.00
X\$18=	90
X80=	240
+270=	
TOTAL	1020

SMALL ENTITY

OTHER THAN  
SMALL ENTITY  
OR

RATE	ADDI- TIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDITIONAL FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDITIONAL FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDITIONAL FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDITIONAL FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDITIONAL FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDITIONAL FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

**This Form is for INTERNAL PTO USE ONLY**  
**It does NOT get mailed to the applicant.**

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/679494

### Total Fee Calculation

Fee Code	Total # Claims	Number Estm	X	Fee	Fee	=	Total
	Sm. Entit.			Lg. Entit.			
Basic Filing Fee	<u>201/101</u>						<u>710</u>
Total Claims >20	<u>203/103</u>	<u>95</u>	.20	<u>5</u>	X		<u>90</u>
Independent Claims >3	<u>203/102</u>	<u>10</u>	.3	<u>3</u>	X		<u>240</u>
Mult. Dep. Claim Present	<u>204/104</u>						
Surcharge	<u>205/105</u>						<u>130</u>
English Translation	<u>139</u>						
<b>TOTAL FEE CALCULATION</b>							<u>1170</u>

Fees due upon filing the application:

Total Filing Fees Due = \$ 1170

Less Filing Fees Submitted = \$ 0

BALANCE DUE = \$ 1170

Office of Initial Patent Examination

Figure 7